



DBH Disaster Triage Team

1. **Role:** In times of large scale/localized disasters or emergencies, provide short term (2-3 face to face) crisis counseling contacts with disaster victims and assess/refer to appropriate source(s) if long-term assistance is required.
2. **Responsibilities:**
 - A. **Be available** on short notice to respond when activated. (Some responses require up to a 5 day in-field commitment.)
 - B. **Maintain accurate notification info** on DBH Disaster Team Roster and be readily available for recall.
 - C. **Attend all required** Disaster Triage Team **training:**
 - 1) DBH Disaster Triage Team Orientation
 - 2) CPR/First Aid Certification Course
 - 3) SEMS Certification Course
 - 4) Light Search & Rescue Course
 - 5) Primary Survey & Triage Course
 - 6) **Debrief** following field deployment(s). Red Cross ARC 3077-1F Course (as required)
 - 7) Other training as needed
 - D. **Maintain accurate time/attendance** records while in the field.
 - E. Maintain regular communication with assigned Triage Team Members and DBH Disaster Committee on any changes to meeting locations etc.
 - F. Provide only **disaster crisis counseling services as defined by state guidelines (must be read by all triage team members).**
 - G. Work through the Zone Coordinator on all matters.
 - H. **Debrief** emergency personnel following field deployment(s) and other emotional events

Disaster Triage Team Volunteer Statement
GWEN MORSE, DBH Disaster Coordinator
 700 E. Gilbert St., Bldg. 2
 San Bernardino, CA 92415
 (909) 386-0733

NAME		CLASSIFICATION	
WORKSITE LOCATION	WORKSITE SUPERVISOR	WORKSITE PHONE #	
HOME ADDRESS			HOME PHONE ()
PAGER NUMBER ()		CELL PHONE NUMBER ()	
Please explain briefly why you are interested joining the DBH disaster response team:			
Please describe the skills you believe make you uniquely qualified to provide this service:			
List all disaster-related training/courses you have had (Red Cross classes, first aid/CPR, CISM, special skills, experience with special groups/children, languages spoken– other than English)			
1.			
2.			
3.			
Please describe any experience you have working in disaster or crisis counseling response (Include mutual aid response):			
1.			
2.			
3.			
1. I understand will be called upon during and after regular work hours to respond to a crisis calls and have provided contact numbers. I will insure these numbers are kept current. 2. I understand I will be required to carry a pager and respond to an emergency page (ending with a code 001) within 30 minutes of receiving it . If I do not already have a pager, I will acquire one through the DBH property management office and will charge the cost to my clinic's cost center. 3. I understand compensation for deployments after regular work hours, will be as stated in the current county MOU, but the first preference will be to adjust my work schedule. 4. I agree to attend all required training, participate in quarterly meetings, and will be respond when called upon for deployments. 5. If my availability changes, I will notify the DBH Disaster Coordinator and ask that my name be removed from the active team response roster until such time my situation changes.			
_____ Team Member's Signature			_____ Date
Supervisor Approval			
I understand the training and immediate response requirements of the DBH disaster response triage team and will approve release of (Name of participant) _____ for training and immediate response activities.			
_____ Supervisor's Signature			_____ Date